

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JOHN MCCAIN 2008, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. CHARLOTTE M. PATCHETT**

Mailing Address 13385 SHADOWWOOD DRIVE

City	State	Zip Code
BAXTER	MN	56425-8207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

611.00

**Transaction ID : SA17.1544735**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

**B. Full Name (Last, First, Middle Initial)**

**MRS. CHARLOTTE M. PATCHETT**

Mailing Address 13385 SHADOWWOOD DRIVE

City	State	Zip Code
BAXTER	MN	56425-8207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

611.00

**Transaction ID : SA17.1634578**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

**C. Full Name (Last, First, Middle Initial)**

**MS. HELENA F. PATCH**

Mailing Address 7707 HIDDEN MEADOW TERRACE

City	State	Zip Code
POTOMAC	MD	20854-1789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.1714880**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page (optional)**.....

625.00

**Total This Period (last page this line number only)**.....